

## Proctor Approval Request

### WEST VIRGINIA UNIVERSITY AT PARKERSBURG

300 Campus Drive  
Parkersburg, WV 26104  
Phone: 304-424-8000

Full Name of Student: \_\_\_\_\_ Student ID \_\_\_\_\_

Student telephone: (\_\_\_\_) \_\_\_\_\_

Student email address: \_\_\_\_\_

Course for which exam proctor is requested: \_\_\_\_\_

Term and Year of Course:      Fall            Spring            Summer 20\_\_\_\_\_

Course instructor's name \_\_\_\_\_

Instructor's email address: \_\_\_\_\_

Name of requested proctor: \_\_\_\_\_

Proctor organization: \_\_\_\_\_

Proctor email address: \_\_\_\_\_

### EMAIL THIS FORM TO YOUR INSTRUCTOR TO OBTAIN APPROVAL FOR A PROCTOR

I hereby approve you to use the proctor named above.

#### Special Instructions to Proctor:

1. This exam may not be taken before \_\_\_\_\_ or after \_\_\_\_\_
2. The student must provide proof of their identity through a government issued photo ID
3. This student **MAY** **MAY NOT** (circle one) use any textbooks or other written materials to complete the exam
4. This student **MAY NOT** receive assistance from anyone during the exam unless specified in an attached authorization for accommodation from Disability Services.
5. **The proctored exam is not officially accepted until the proctor notifies the instructor of its completion.** Please email to my address above to notify me of its completion and/or to indicate any issues or irregularities.

**Proctors: Thank you for your willingness to assist this student in the completion of their educational studies. If you have any questions, please do not hesitate to contact me.**

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this approval will be emailed to the approved proctor and student as evidence of approval.